

TRANSACTIONS

OF THE

NEW YORK SURGICAL SOCIETY.

Stated Meeting, Held October 9, 1907.

DR. JOSEPH A. BLAKE in the Chair.

PRIMARY CANCER IN ACUTELY INFLAMED APPENDIX.

DR. CLARENCE A. McWILLIAMS presented a single woman, 20 years old, who was admitted to the Presbyterian Hospital on September 5, 1907. She had landed in this country only two days before, and was brought to the hospital from Ellis Island. She had been sick with right abdominal pain for 3 days. Her temperature on admission was 101; pulse, 100; she was vomiting and complained of a pain in the right iliac fossa, where a tender mass, about the size of a lemon, could be felt over the appendix. This was her first attack, never having been sick before in her life in any way.

An immediate operation was done, the abscess containing three ounces of pus being opened and the appendix situated in the pelvis delivered in the ordinary way. It seemed to be swollen, acutely inflamed, with a small perforation at the base and clubbed at its extremity. The patient made an uneventful recovery.

Pathological examination of the appendix. Specimen is 7 x 1½ cm. On gross examination all the layers seem hypertrophied. Peritoneal coat is darkened and bloody. Lumen contains muco-pus and a few enteroliths of small size. At the tip the lumen is entirely occupied by a hard mass about the size of a pea.

Microscopical examination. The epithelial layer is mostly intact. The submucosa and muscularis show not only chronic productive inflammation but they are also at the tip infiltrated by an epithelial growth having the histological character of scirrhous

cancer. The columns of cells in the central tumor pass outward and split up the muscular fibres. They involve the subperitoneal tissue but not the peritoneal coat. The cells are spheroidal shaped and show no mitotic figures, indicating slow growth.

Dr. McWilliams said that up to June, 1906, 42 cases of undoubted malignant tumors of the appendix had been reported. Of these acute inflammation was found in 13 cases, obliterating appendicitis in 11 and concretions present in only 3 cases. Of these 42 cases, 37, or 88 per cent., were cancer, 3 were endothelioma and 2 were sarcoma. Since the above report he has been able to find 8 additional cases, making 50 in all. These were as follows: 1 case, Libman, *Proc. N. Y. Path. Soc.* 1906, No. VI.; 2 cases, Mandlebaum, *Proc. N. Y. Path. Soc.* 1905; 1 case, Mason, *Boston Med. & Surg. Jour.* Jan. 10, 1907; 1 case, Eccles, *Amer. Jour. Med. Soc.* 1906, 131, p. 966; 2 cases, Hartman, *Bull et Mem de Soc. de Chir. de Paris*, 1907, March 12, p. 228; 1 case, Nelaton, *Bull. et Mem de Soc. de Chir. de Paris*, 1907, March 12, p. 228.

Routine microscopical examinations of all removed appendices will undoubtedly reveal cancer of the appendix to be more numerous than has been supposed to be the case. Its development also in appendices diseased previously by either acute or chronic processes would indicate the advisability of removing the organ when it is known to be once damaged.

OPERATION FOR ANCHYLOSIS AT THE SHOULDER JOINT.

DR. ROYAL WHITMAN presented a girl fifteen years of age who came to the hospital five weeks ago for pain and stiffness at the right shoulder joint, of ten years duration, apparently due to tuberculous disease. He had removed the head of the humerus and the diseased portion of the scapular articulation, and had then interposed a flap from the deltoid muscle. The objects of the operation were first, to relieve the pain and second to restore a certain degree of motion. Both were apparently accomplished.

In this case Dr. Whitman said the head of the bone was diseased and adherent to the scapula. Mobility after excision depended more upon the amount of bone removed than upon the interposition of tissue. In this instance only the articulating extremity of the humerus had been resected in order that the contour of the shoulder and the muscular attachments might be preserved, a large flap was interposed to prevent readhesion.

DR. JOHN F. ERDMANN said that some years ago he reported three cases of excision of the shoulder joint for ankylosis in which the results were very satisfactory. In those operations he did not interpose any muscle flap.

EPIPHYSEAL FRACTURE OF THE NECK OF THE FEMUR.

DR. WHITMAN presented a girl fifteen years of age who was admitted to the hospital about ten weeks ago. The symptoms were, as is the rule in fractures of this type, originally incomplete, limp and pain for several weeks terminating finally after a slight injury in complete disability. She was sent to the hospital with a diagnosis of hip disease. There was severe pain on attempted motion, the limb was rotated outward and practically fixed by muscular spasm. There was a fraction of an inch of shortening. The joint was opened by the antero-lateral incision which exposed at once the inner extremity of the neck of the femur which completely concealed the head of the bone separated and lying behind it. On removal of a thin section from the end of the neck, it was possible by the insertion of a chisel to separate the fragments and by rotating the limb inward to restore their normal relation.

There was now no pain, motion was practically unrestricted and perfect functional recovery might be predicted. The case illustrated the importance of a correct diagnosis which permitted operative intervention, for untreated the result must have been shortening, ankylosis and distortion of the limb.

FRACTURE OF THE NECK OF THE FEMUR.

DR. CHARLES N. DOWD showed a girl, 10 years old, who sustained a fracture of the neck of the femur about three years ago. There was no lameness, and no shortening could be made out at the present time. The child was able to run about and play as well as though she had not received the injury. The X-ray, however, still showed considerable deformity, consisting of a depression of the neck of the femur. That femur had, however, apparently grown more than the other and hence the legs were of equal length. The case was treated in March, 1904.

OBSERVATIONS ON THE TREATMENT OF FRACTURE OF THE NECK OF THE FEMUR.

DR. JOHN B. WALKER presented a paper with the above title, for which see page 84. In connection with the paper the author showed two cases of fracture of the neck of the femur.